

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524320

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7			/			
8				/		
9				/		
10				/		
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13				/		
14				/		
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36			/			
37			/			
38			/			
39			/			
40				/		
41				/		
42			/			
43			/			
44			/			
45				/		
46				9		
47			/			
48			/			
49			/			
50				9		
TOTAL IND.		↓	22	↓		↓
TOTAL DEP.	←		44	←		←
TOTAL CLAIMS			66			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52				/		
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59			/			
60			/			
61			/			
62			/			
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64			/			
65			/			
66			/			
67			/			
68			/			
69			/			
70			/			
71				/		
72				5		
73			/			
74			/			
75			/			
76				5		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	16	↓		↓
TOTAL DEP.	←		18	←		←
TOTAL CLAIMS			34			

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